tially higher cost of ReSTOR® compared to a monofocal; this did not hold true for ARRAY-SA40®. ReSTOR® improves patients' satisfaction and is a cost saving alternative versus spectacles in patients requiring cataract surgery.

PSS28

VENOUS LEG ULCER. COSTS-OF-ILLNESS OF IN GERMANY. A NATIONAL CROSS-SECTIONAL STUDY

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OBJECTIVES: Assessment of the costs-of-illness of venous leg ulcers treated in German wound centers. **METHODS:** A nationwide cross-sectional study was performed in 31 specialized wound centers, including office- and clinic-based dermatologists, surgeons, GPs and internists. Patients with confirmed diagnosis of venous leg ulcer(s) were consecutively recruited, interviewed and asked to fill standardized questionnaires. Major outcomes parameters were the direct, indirect and intangible costs related to the leg ulcers from the societal perspective. The patient case report forms included questions on former treatment, health related quality of life, patient-relevant treatment benefit (PBI) and quality of care. The physician questionnaire focused on clinical data, co-morbidity, co-medication, wound status, resource consumption and all relevant types of costs related to the treatment of venous leg ulcers. **RESULTS:** In total, n = 218 patients (mean age: 69.8 ± 12.0 years, median = 71) were enrolled, including 62.1% women and 37.9% men. The median duration of ulceration was 7.0 years. The average total costs per patient summed up to €9569 per year, including €8658 of direct costs and €911 of indirect costs. The major proportions of direct costs were statutory health insurance costs (€7631) and out-of-pocket expenses (€1027). The most cost-driving factor was inpatient treatment (€3568), followed by non-drug treatment expenses (€740) and nursing fees in home care (€212). Health-related quality of life was considerably impaired in almost all of the patients, indicating high intangible costs of illness. **CONCLUSIONS:** Venous leg ulcers in Germany are associated with relevant direct, indirect and intangible costs suggesting early and qualified disease management. are associated with relevant direct, indirect and intangible costs suggesting early and qualified disease management.

PSS29

SOCIETAL COSTS OF SEVERE CHRONIC HAND ECZEMA (CHE) IN GERMANY

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OBJECTIVES: Severe chronic CHE is underreported in Germany. Reported data refer to work-related disease only and even these are incomplete (Diepgen & Schmidt 2002). However, CHE has a huge impact on the working capacity of patients. We therefore targeted to estimate the total costs of severe CHE in Germany using epidemiological data in addition to reported cases of occupational CHE. **METHODS:** In a first step data on 151 patients with occupational CHE were analyzed to obtain information on direct and indirect costs of CHE. In a second step epidemiological information was used to create three groups of patients: 1) DGUV-patients (German Statutory Accident Insurance, payer for work-related diseases/accidents); 2) non-DGUV but full-time working patients and 3) non-DGUV, non-full time working patients. Cost assumptions per group were adjusted to reflect differing reimbursement catalogues (DGUV vs. Statutory Sick Funds), impact of work absenteeism and employment status. Extensive scenario analyses with varying assumptions on costs and epidemiology were conducted. **RESULTS:** Group 1 included 23,631 patients, group 299,735 and group 3,115,253. Per patient costs per group amounted to €8799 in group 1, €5341 in group 2 and €1035 in group 3. This results in total societal costs of €860 million for severe, chronic CHE in Germany. Scenario analyses showed a range of €348 million to €1.59 billion. 67% of total costs were indirect costs, Statutory Sick Funds were the payer for 15.5%, patients for 11.5% and DGUV for 6%. **CONCLUSIONS:** Total annual societal costs of severe chronic CHE are enormous, despite the fact that CHE is not a life-threatening disease. These costs are similar to the total costs of psoriasis, colon or stomach cancer in Germany. The main cost component are indirect costs. Effective therapeutic or preventive measures would have a huge potential for cost savings.

PSS30

COST OF SPECTACLES AFTER CATARACT SURGERY IN THE NETHERLANDS

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OBJECTIVES: Cataract is the principal cause of blindness worldwide and surgery is the only effective treatment for this condition. Several multifocal intraocular lenses (MFIOL) are currently available to reduce or eliminate the need for eyeglasses after surgery. The objective of this survey was to collect data in the Netherlands on the associated costs to society of wearing spectacles after cataract surgery. This,information was requested to support a health economics evaluation of MFIOLs. **METHODS:** Cross-sectional survey of centers that recruited patients who wore spectacles after cataract surgery and agreed to complete a questionnaire. **RESULTS:** Forty-seven patients were recruited with a mean age of 74.2 years and sex-ratio 2 females: 1 male. On average, they underwent cataract surgery 2.1 years prior to recruitment. A total of 97.9% had a private insurance which covered spectacle cost, at least partially, in 69.0% of the cases. Spectacles were prescribed by an optometrist for 48.9%, and glasses were multi focal in 76.7% of the cases (varifocal 44.7%). Spectacles were changed within 3 years in 50.0% of the patients. Patients live an average of 11.5 km from their ophthalmologist and 5.8 k from their opticians. Mean spectacle cost was €586.5, 43.7% being paid by private insurance. More than 80% of the patients wear glasses for watching TV, near reading, going to movies or theater, driving, walking outside and visiting friends. Dissatisfaction with glasses was rather rare at 13.7% of the patients; 47.6% of the subjects expressed some willingness to pay (at least €0.5 per day) to avoid wearing spectacles. **CONCLUSIONS:** Although almost half of all subjects had a private health insurance, a large part of the cost was borne by patients. The total economic burden of spectacles was not limited to the spectacles; repeated travel related to eye care should also be considered. There is some willingness to pay to be free of spectacles in this population.

PSS31

ACUTE OTITIS MEDIA: A MAJOR SOURCE OF PRODUCTIVITY LOSS

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OBJECTIVES: Otitis media (OM) is one of the most common childhood diseases. By age 3-years, 50–85% of children have had

acute OM. Although, considered a minor condition, OM often disrupts the daily routine, forcing parents to stay at home. This study was designed to investigate the productivity loss and societal burden of OM in several European countries. **METHODS:** An internet-survey was conducted in 7 EU-countries: France(F), Great Britain(GB), Germany(D), Spain(E), Italy(I), The Netherlands(NL), Belgium(B). Questions regarding the most recent childhood-illness-episode included: symptoms, medical diagnosis if medical help was sought, time taken off work, leisure time loss and diminished productivity at work. Data were analyzed for OM-episodes. **RESULTS:** 14916 parents of children (<5-years) reported a child-illness-episode in the previous year, completing an e-mailed 17-question-survey. A total of 1479 OM-episodes were reported (65%–75% occurring in the previous month). The proportion of parents seeking medical help ranged from 47%(NL) to 88.7%(E). In E, 27.9% of parents went to the Emergency Room, 10–15% (D,I,GB); 2–4% (NL,B,F). Hospitalisation was required for 3.6–7.7% for an average 1.4–6.8 days. 12.8% (F,B)–21.7% (NL) parents took a median of 10–16 hours off work. A further 23.4% (NL) to 82.4% (UK) parents reported being less productive at work. In addition, 47.5% (D) to 68.1% (B) said they had to take time out of their leisure time to visit the doctor or the pharmacist. Children had an average of 2.2–2.7 episodes in the previous year; 28–57% had had ≥3 episodes in the previous year. Indirect costs amounted to a total of €115.36 (NL) to €300.41 (UK) per episode. **CONCLUSIONS:** Indirect costs due to lost productivity, either due to time taken off work, reduced productivity at work or leisure time loss represents a significant proportion of the costs associated with OM. An intervention that would reduce the incidence, prevalence or duration of OM would have a major impact on the societal burden.

PSS32

COST-EFFECTIVENESS ANALYSIS OF THE FIXED COMBINATION GLAUCOMA MEDICATIONS BRIMONIDINE/TIMOLOL AND DORZOLAMIDE/TIMOLOL IN 10 EUROPEAN COUNTRIES

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OBJECTIVES: Several studies have shown that reducing the intraocular pressure (IOP) of patients with glaucoma to a target level ≤18 mmHg prevents further visual field deterioration. The objective of this analysis was to compare the IOP-lowering efficacy and the cost-effectiveness of fixed combinations of brimonidine/timolol and dorzolamide/timolol in 10 European countries. **METHODS:** Efficacy and safety of the two fixed combination products were based on pooled data from two head-to-head trials. Efficacy was measured as the percentage of patients reaching an IOP level ≤18 mmHg or ≤13 mmHg after 3 months of treatment. Discontinuation rates due to adverse events were also included in the model, and it was assumed that patients discontinuing treatment had an extra ophthalmologist visit. All drug costs were market prices inclusive of VAT, and ophthalmologist visit costs were priced using official tariffs. **RESULTS:** Clinical efficacy data showed that brimonidine/timolol was more effective than dorzolamide/timolol in terms of lowering patients' IOP. The percentage of patients reaching IOP ≤13 mmHg was 32.65% for brimonidine/timolol and 13.95% for dorzolamide/timolol ($p = 0.0359$). 77.55% of brimonidine/timolol patients reached a target IOP ≤ 18 mmHg, and 60.47% of dorzolamide/timolol patients did ($p = 0.0756$). Three months' health care costs for patients treated with brimonidine/timolol were comparable to those of dorzolamide/timolol treatment in the 10 studied countries. Brimonidine/timolol was less costly and more effective in Italy, Spain, and Norway, whereas it was more effective and slightly more costly in Germany, the UK, Denmark, Sweden, the The Netherlands, Portugal and France. In these countries, the incremental cost per patient reaching a target IOP ≤ 18 mmHg ranged from £0.32 (UK) to €26.66 (The Netherlands). For IOP ≤ 13 mm Hg the range was £0.29 (UK) to €24.36 (The Netherlands). **CONCLUSIONS:** Brimonidine/timolol is effective in terms of lowering IOP and is a cost-effective treatment strategy for patients with glaucoma.

PSS33

THE COST OF UVEITIS TREATMENT IN FRANCE: A ONE-YEAR RETROSPECTIVE ANALYSIS

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OBJECTIVES: To determine current treatment strategies and evaluate one year consumption of health care resources for patients with uveitis in France. **METHODS:** Data abstracted from charts of consecutive patients (N = 100) from 4 French referral centers with 12 months follow-up after the first visit included basic demographic data, clinical parameters, and all disease- or treatment-related resource consumption. Direct health care costs were estimated using publicly available standard unit costs. Indirect costs were based on standard sick leave for each type of inpatient admission or outpatient intervention and a gender-specific cost of employment. **RESULTS:** Most patients (82%) were below age 60 (retirement age). Patients had posterior uveitis (36%), panuveitis (33%), chronic anterior (24%) and intermediate uveitis (7%). Patients received drug treatments (91%), triamcinolone or dexamethasone injections (8%), and laser treatment (2%). Mean direct costs per patient were €3403 ($5045). Inpatient stays accounted for the largest proportion, with a mean cost of €2889 ($4283) per year. For patients below 60 years with an admission or intervention, the estimated average productivity loss was €1750 ($2594), leading to a mean indirect cost of €830 ($1230) per patient. The estimated total minimum annual costs per patient were €4230 ($6271). **CONCLUSIONS:** Annual treatment costs in this sample were driven by frequent, extended inpatient stays. This may be due to the more severely diseased patients who are treated in these specialized centers. In the current sample, most patients were of working age, suggesting a substantial amount of indirect costs arising from sick leave.

PSS34

MODELLING THE LONG-TERM CLINICAL OUTCOMES OF MEDICAL MANAGEMENT OF PRIMARY OPEN ANGLE GLAUCOMA AND OCULAR HYPERTENSION

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OBJECTIVES: Models have previously focused on short-term costs and effectiveness measured in terms of intraocular (IOP) control. This model will assess the long-term effects of continued medical treatment in terms of glaucoma progression, low vision and quality-of-life. **METHODS:** A cost-utility analysis using a ten-year Markov model of first-line latanoprost, bimatoprost, travoprost or timolol, followed by second / third-line. Transition probabilities for this model were from a systematic review and